

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90102 008 ***150.00

DOCUMENT # P000000043841

1. Entity Name
THE GLASER MARKETING GROUP, INC

DO NOT WRITE IN THIS SPACE

427337

2. Principal Place of Business
1898 N.W. 21st STREET

3. Mailing Address
SAME

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
SAME

City & State
Pompano BEACH FL.

City & State
SAME

4. FEI Number
65-1005085

Applied For
Not Applicable

Zip
33069

Country
BROWARD

Zip
SAME

Country
SAME

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
GLASER, ANTAES, STEFANI
1691 Vineland Court
Boca Raton, FL 33428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1898 NW 21ST STREET SUITE 200
POMPAUO BEACH, FL 33069** **CHANGE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EXEC. U.P.
ROBERT M. GLASER
1898 N.W. 21ST STREET, SUITE 200
POMPAUO BEACH, FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ADDITION

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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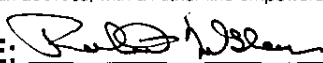
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: 

ROBERT M. GLASER

**EXECUTIVE
U.P.**

3/7/02

954-972-9950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)